

HOMELESS COALITION
RESOURCE DIRECTORY INFORMATION FORM

New ☐

Revision ☐

Deletion ☐

Name of person filling out form _____

(Please Print)

Name of person authorizing inclusion _____

Name of organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Exact email address _____

Homepage address _____

Business Hours/Days _____ Director _____

Contact name _____ Title _____

Description of the organization (Public, private, nonprofit, etc.)

Description of services provided

By completing this form, I agree to allow the above information to be posted on the Homeless Coalition's web site and in the resource directory.

Signature

Date

Mail completed form to
Ron Cubit, Program Specialist
Homeless Coalition
Community Services Department
686 E. Mill Street
San Bernardino, CA 92415
E-mail- rcubit@csd.co.san-bernardion.ca.us
<http://www.co.san-bernardino.ca.us/hc/>